

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.12
Subject	Paramedic Treatment Protocols ATRIAL FIBRILLATION	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if unstable. Refer to EMS Policy #530.02.
4. IV Access	Stable Patient - Saline lock. Unstable Patient - LR TKO – standard tubing
5. Assess	For serious signs and symptoms - patient must demonstrate one or more of the following: severe chest pain, severe SOB, acutely altered mental status, systolic BP less than 80, shock, pulmonary edema.
A. Unstable, heart rate <u>greater than 150 beats/minute</u> with serious signs or symptoms related to tachycardia.	
1. Contact Hospital	Per EMS Policy #530.02.
2. Reassess	Treat as appropriate for rhythm.
3. STAT Transport	
B. Stable, all others with Atrial Fibrillation	
1. Observe and transport	

BASE HOSPITAL ORDERS ON NEXT PAGE

Approved By	Signatures on File at EMS Agency	Revision
EMS Division Manager		04/19/2005
EMS Medical Director	Signatures on File at EMS Agency	

Subject	Paramedic Treatment Protocols – Atrial Fibrillation	Policy Number 530.12
---------	-----------------------------------------------------	-------------------------

BASE HOSPITAL ORDERS

1. MIDAZOLAM	IF TIME ALLOWS IN A CONSCIOUS PATIENT, ADMINISTER 4 MG SLOW IV PUSH. MAY BE REPEATED ONCE. CONSIDER 8 MG FOR LARGER PATIENTS (I.E., OVER 200 POUNDS).
*2. CARDIOVERT	SYNCHRONIZED AT 200 J., 360 J. <u>OR</u> BIPHASIC EQUIVALENT, IF NO CONVERSION.
*3. CALCIUM	CONSIDER CALCIUM 250 MG PRIOR TO GIVING VERAPAMIL.
*4. VERAPAMIL	CONSIDER VERAPAMIL – 5 MG IV OVER 2 MINUTES (IF PATIENT OVER 50 YEARS, GIVEN OVER 3 MINUTES). MAY REPEAT DOSE IN 5 MINUTES.

SPECIAL CONSIDERATION AND PRIORITIES

1. Consider Midazolam 8 mg slow IV push for the large patient for sedation (i.e., over 200 pounds).
2. Transport lights/siren if decreased mental status, hypotension, severe respiratory distress or severe chest pain.
3. Atrial Fibrillation – Irregularly irregular rhythm without P waves. Ventricular rate usually less than 200.
4. Irregularly irregular rhythm with wide QRS and rate over 200 – Consider Atrial Fibrillations with Wolfe-Parkinson-White Syndrome.
5. Atrial Flutter – Atrial rate 220-350, sawtooth pattern, most frequently with 2:1 conduction.